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CLINICS.

CLINICAL LECTURES.

Notes of a Clinical Lecture delivered at St. Bartholomew's Hospital, Jan. 25, 1862. By JAMES PAGET, Esq., surgeon to the hospital.

The Use of Chloroform in Straightening Contracted Joints.—In to-day's Lecture Mr. Paget adverted to the practice of straightening stiffened joints, the patient being under the influence of chloroform. There were, he said, two classes of cases:—In one this method was adopted to rectify deformity, in the other to prevent it. In the latter when the disease was still in progress, and in the former when the effects only remained. We should, however, be careful not to attempt this in cases in which there are signs of acute inflammation, nor in cases in which the patients had been found liable to recurring attacks of inflammation. In cases, also, in which the joint contains fluid, or in which the skin is firmly bound down over it, this plan should not be tried. In those in which active disease has terminated, there might be distinguished two kinds of cases. First, those on which stiffness depends on effusion and adhesion of the ligaments and tendons external to the synovial membrane. Of this a good example was then in Darker Ward, one in which the success of the treatment was well shown. The other and more common class of cases was those in which changes had taken place in the true joint itself. In these cases it was

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true that gradual extension would obtain the same end as the forcible extension under chloroform; but the great length of time taken up (months, or even years), was a great drawback to it.

The cases in which forcible extension should not be tried, Mr. Paget recapitulated, were: 1. Those in which the inflammation was apt to recur. 2. When the change had been of very long standing. 3. When there was a strongly-marked diathesis (strumous, syphilitic, etc.). 4. When the skin was involved and adherent over the joint—soundness of skin being an essential condition.

There were other cases in which from rigid muscles a joint would be contracted—there being no affection of the joint itself This occurred after a blow on a joint, which, however, did not produce any inflammation, or in cases where the bone near a joint was fractured, without, however, producing any disease of it. In these cases, under chloroform, the contractions were reducible almost by simple extension, no force being required.

In cases of old-standing dislocation, when reduction was otherwise impossible, it was justifiable to attempt reduction by violence, the patient being under the influence of chloroform.

Phosphorus Necrosis.—Mr. Paget then spoke on the subject of phosphorus necrosis of the jaws, in reference to two cases then under his care, one of the upper, and another of the lower jaw. He first read Mr. Vernon's report of the case of necrosis of the lower jaw. The patient was twenty years of age. He was admitted at first, under Mr. Stanley's care, in November, 1860. Except for the disease for which he was admitted, and which began three months before admission, he had generally had good health. His occupation was that of a wax vesta maker. The first symptom he had was toothache. The tooth was drawn, with relief to the pain, but a week later a small piece of bone became bare, and the disease then, without pain, extended rapidly, the teeth of the lower jaw becoming loose. When admitted, his face was swollen and œdematous-looking; his teeth loose, and there was a profuse purulent discharge. The patient was a long time in the hospital, was well fed and cared for, but the operation was deferred as he had disease of the aortic valve. It was not considered wise to give him chloroform, and it was doubtful whether he could bear so severe an operation without it. In this opinion Mr. Paget then agreed; but as the man had not materially improved, and as the patient was evidently suffering very much, it became a question whether it would not be well even to run the risk of chloroform. Mr. Paget, therefore, a few weeks ago, operated. He removed the whole of one-half, and a considerable part of the other.

The next case, reported by Mr. Southam, was one of singular interest, from the unusual manner in which the exposure to the fumes had taken place. The patient was a man aged 34, whose business did not in any way bring him in contact with phosphorus. He had never had syphilis, had not taken mercury, and had, until his present illness, always been healthy, except that he had suffered much from "nervousness." He had, it seems, attended some popular lectures on nervousness, and heard that phosphorus was "good for the nerves." He was told, at the same time, how to prepare it. He was to distil phosphorus into a jar of water. He did this very assiduously, and was in consequence very much exposed to the fumes of phosphorous acid. After three or four months the first symptom, toothache, appeared. One tooth was drawn, and he soon after had discharge from the socket. He soon lost all the teeth in his upper jaw, and had discharge from all the sockets. On the appearance of this symptom he took the phosphorous solution more assiduously than ever. He was admitted, under Mr. Paget's care, in November last. He then had profuse discharge, much swelling of the face, separation of the mucous membrane of the jaws and palate, and great loss of health. There was then no healthy boundary to the necrosis, and he was, therefore, persuaded to leave the hospital for a time, in order that the dead bone might be more completely separated. He has recently returned with the change anticipated, the right upper jaw being quite loose, and the left nearly so.

In this case there was a special interest in the fact that it was an exception to the almost absolute rule that the disease only occurred in lucifer-match makers. Lucifer-match makers were hard worked and were kept in a bad atmosphere, and to this, and not to the phosphorus, some had attributed the disease. Any one long enough exposed to the fumes of phosphorus suffered from

necrosis of one or both jaws, and the majority employed in the manufactories suffered at one time or another from this disease. But there were certain conditions which were necessary before a person became liable to suffer. So long as the mucous membrane was intact, and the teeth sound, there was no mischief. This had been carefully ascertained, and was quite certain. In one of the large German manufactories it had been found that if the workmen had broken or decayed teeth, gumboils, or anything which bared the periosteum, they became liable to suffer, and this was confirmed by experiments on animals. It was found that if healthy rabbits were kept in a chamber into which the phosphorous fumes were admitted, no disease of the jaws followed. If, however, their teeth were broken, or if in any way the periosteum were exposed, then they began to suffer. Thus, then, it may be accepted as a well-ascertained fact, that unless the phosphorous fumes come in contact with the periosteum, the disease is not produced.

The manner in which the fumes produce necrosis is also singular, unlike other caustics, as for instance nitric acid. It does not act merely locally, destroying what it touches, but it seems to affect more or less the neighbouring bone—part of it, or in time, the whole of it. There is no other substance which, when locally applied, seems to produce results over so large a space. Not unfrequently it would thus destroy the whole bone attacked, beginning first at a single point of bared periosteum, as the socket of a tooth after extraction. In this peculiarity of action, it appears to resemble less a mineral than an organic poison.

So far as has been at present ascertained, no bones except those of the upper and lower jaw have been attacked. Although of course, now and then, there must have been, as from accidental strumous disease, exposure of other bones to the fumes. The contiguous nasal bones never suffered, at least not primarily, but sometimes as a sequence to disease of the jaw bones. This curious choosing of certain structures shows that these bones have distinctive peculiarities, for which, by comparison of their texture with other bones, we cannot yet account. It was just as difficult to tell why mercury should affect the jaws more than other bones. It is the more difficult to explain why these bones should suffer from mercury and phosphorous acid, as they are not liable to be affected by organic diseases, as syphilis or gout.

In reference to the way in which the necrosis was brought about, Mr. Paget said that inflammation of the periosteum was the first step. He showed a specimen in which new bone had been deposited at many points, as a result of this process. This was a constant first effect, and new bone was always to be found, more in the lower than in the upper jaw. In a few—very few—cases the disease would stop here. Generally, however, the result was necrosis of the whole of the affected bone, and that, too, of the new bone as well as the old.

In the case of removal of the greater part of the lower jaw (the first case related), the periosteum of the remaining part of the bone was inflamed, and probably to some extent the necrosed bone might be replaced by new bone.

In a case of phosphorous necrosis, it was difficult to say, when once begun, how it would end. In some a limited part of the bone would separate, but in others the whole substance of the maxilla would become necrosed. Mr. Paget had observed that the patients were much disordered in health, but he would not venture to say that there was a special cachexia in this disease. There was, however, much more cachexia than was usual in local disease to that extent. The patients were peculiarly pale, sodden-looking, and exceedingly feeble. They were not thin, but looked as if the blood were deficiently red. There was generally also some bronchitis. It was a matter of inquiry whether the phosphorous acid acted as a poison in the blood—the necrosis being the local manifestation of it.

An important question was, Could the disease, by proper care, be entirely prevented? In some conditions of perfect ventilation, and great care as to the condition of the mouth in those exposed, no doubt it could. Since 1847, in the manufactory at Nuremberg, only one case had occurred in fourteen years. This improvement was due to perfect ventilation, great cleanliness, and inspection of the teeth. It is whilst dipping the matches that exposure to the fumes occurs It is necessary that the fumes should, as much as possible, be blown away from the workman. No one with broken teeth, gumboils, etc., should be allowed to work at dipping the matches.

The allotropic phosphorus does not fume, and thus, so far as the health of the workmen is concerned, it is better. It is, however, more expensive, and more liable to take fire. It is to be regretted, Mr. Paget said, that similar regulations to those in the German manufactories are not adopted in England.

In treating this disease when established, we ought of course to advise removal from the influence of the fumes, fresh air and good diet, and thus hope to limit the necrosis. Is it advisable, when the necrosis is limited, to cut it out? Mr. Paget believed it was; but it was necessary to be cautious in taking for granted that the necrosed part was the only part diseased There might be periostitis, the earlier stage of the disease, beyond, so that by the removal of the necrosed bone it is not clear that we should relieve.

After removal in these cases, the repair is very remarkable. In the case of the boy in Darker Ward there was a very large quantity of new bone in the position of the ramus and body. Mr. Paget said that he had seen no case in this disease in which death had occurred, but it would sometimes prove fatal by exhaustion and the supervention of phthisis.

Case of Disease of the Hip-joint in an Early Stage—Death from Typhoid Fever—Examination of the Joint.—One of the cases in which he had employed chloroform for straightening the hip joint, a boy in Darker Ward, had died of typhoid fever. The case was an ordinary one of disease of the hip-joint, but being in an early stage, the specimen was a very valuable one, as it was rare to have an opportunity of seeing the early changes of disease of this joint; generally when an opportunity is afforded of examining it, the disease was very far advanced. Unfortunately, there was no complete history of the case. The symptoms were not unusual, and as the accidental termination of the case could not of course have been anticipated, no special notes had been kept. The boy had, it was said, suffered several months before admission. The limb was contracted chiefly from muscular rigidity, and when the boy was placed under the influence of chloroform it dropped nearly straight. A splint was then applied. The boy went on well, had no pain, and was recovering. when he was attacked with typhoid fever, and died in forty-eight hours. Mr. Paget showed the intestines, in which the usual characteristic appearances were well marked. The heart also was malformed, there being an opening in the septum between the auricles; there was, too, strumous disease of the kidneys. The joint showed the disease in a stage in which it was exceedingly rare to have an opportunity of seeing it. It showed also that at this stage the disease was being arrested. During life there was apparent shortening to the extent of two inches; but this was all apparent, and due to inclination of the pelvis. On opening the joint, about six drachms of a turbid rust-coloured, serous fluid, containing flakes of lymph, escaped.

There was no pus; the capsule was sound, and there was no trace of ulceration. The synovial membrane over the capsule was almost healthy. There was a little lymph on its inner surface, and it had a pale, pinkish, rust colour, like that of a synovial membrane recovering. The stress of the disease had fallen on the articular end of the femur. It is held that in disease of joints, the synovial membrane may be first attacked, and then the diseased process spread to the cartilage, or *vice versâ*. Here probably, if one more than the other, the disease had begun in the end of the bone—in the proper articular layer of bone covering the cancellous texture. In a large number of cases in which ulceration of the cartilage was said to have taken place, it was really disease of this layer of bone to which the cartilage is fixed. The cartilage is not destroyed, but separated. Just as in suppuration and inflammation of the hand the cuticle is not destroyed, but is separated, so in the disease of the joint the cartilage is separated by ulceration of the bone beneath it. This layer of articular bone thus attacked has no bloodvessels and no Haversian canals depending for their nourishment on the cancellous bone, and is consequently worse nourished. In the specimen exhibited, the cartilage was detached, and the bone underneath was covered by vascular granulations.—*Med. Times and Gazette*, Feb. 15, 1862.

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Clinical Notes on Intemperance and its Prevention. By ROBERT DRUITT, M. R. C. P.—The causes and prevention of intemperance well deserve the attention of medical practitioners. Not only because there is a large and influential body—the tee-

totallers—who absurdly accuse us of being the direct promoters of intemperance through our sanction to the use of fermented liquors as articles of diet, and as medicines; but because intemperance in its most lamentable form may be met with in all ranks, in the most refined as well as the lowest, and because it may spring from certain definite causes which it is within the province of medicine to cut off by the roots.

All hope of prevention lies in the doctrine that intemperance is a secondary, and not a primary vice; and that, although when once established it is the parent of a hideous brood of evils moral and physical, yet that it is itself a *consequence* of foregoing disease or error. Early in my professional life, circumstances led me to see and reflect much on it, and I now venture to write from the conviction that much good would result if the conditions which commonly lead to it were more systematically acknowledged and subjected to medical treatment.

The properties which cause alcoholic liquors to be abused are those exerted on the stomach, heart, and nervous system. They enable the stomach to deal with refractory articles of food, and abate the painful sensations of hunger. They quiet the perturbations of a feeble heart; and they modify the entire state of the nervous system. Especially, they alter the current of thought; they may be used legitimately to neutralize the effects of grief, and enable a man to work on undisturbed by fear and despondency; on the other hand, they may be abused for the purpose of stifling the warnings of reason and conscience, and enabling a man to live with self complacency in the midst of degradation and poverty.

The most cursory examination leads us to divide drinkers into two classes. First, the open, gregarious, convivial, riotous set, who indulge in the habit for the sake of pleasurable excitement, and of whom the majority are men. Persons of this class drink because they know of no better or more intellectual enjoyment; they are the victims of bad education and bad social customs. Medicine may assist in relieving them from the after effects, but can scarcely do much by way of prevention. That must be sought by improving popular education, and increasing the opportunities of healthy recreation.

The other class are the secret, solitary drinkers—most of them women. They deserve all commiseration, because they are dragged into the habit for the relief of miseries moral and physical, which medicine can do much to remove, and which I propose to consider in order.

First, there are such as concern the stomach. Dyspepsia in all its forms, more especially when aggravated by a scanty or unsuitable diet, is a great temptation. But there is one peculiar form or symptom of dyspepsia which is an almost overwhelming one. This is a feeling which may be described as bulimia—an intense, overpowering, sickening sense of emptiness, with ravenous desire for food or stimulants, and often some degree of vertigo. The frequency of this symptom renders it well worthy of attention, for its causes are most diverse, and its pathology can only be expressed by an indefinite reference to some morbid condition of the par vagum. It differs from ordinary hunger in the rapidity with which it comes on and its persistence after food. It is common in the stomach disorders of the youngest infants. Here it usually depends on liver congestion, and is relieved by proper medicines; although it is made the pretext, by nurses, for asserting that "the milk doesn't satisfy," and for cramming the unfortunate little patients with all sorts of solid food and stimulants, even including alcohol. A yellowish eye, red lips and tip of the tongue, frequent micturition, more or less constant restlessness with occasional fits of severe colic, and an insatiable craving for the breast, are the too familiar symptoms. In older children, it is a very common symptom of impending illness, from depraved secretions in the alimentary canal, and worms. In adults, it very often shows itself under similar circumstances. It may be caused by protracted fasting. I know a member of our profession, who went one night to sit up with a patient. He had been much hurried, and had lost his dinner, and on coming to the patient's house with an intense feeling of hunger, found no refreshment prepared for him, and, through *mauvaise honte*, did not ask. He passed the hours between eleven and five in the greatest uneasiness, with the sensation as if fifty rats were gnawing his stomach. That sensation never left him for two whole hours together for six months; during which he was extremely reduced by feeble digestion. He was finally cured by

diet, but confessed that his craving for brandy was terrible, and that he might have been made a tippler. Salvatori, whom Dr. Christison quotes as giving in 1817 the earliest description of dipsomania, describes the same symptom. That which predisposes to intemperance, he says, is "a disordered state of the abdominal ganglionic system of nerves, allied to that which causes in children the ravenous appetite constituting the disease bulimia, and in adults the wide spread disorders we are in the custom of calling hypochondriacal and hysterical. Tapeworm brought on the craving for drink in nine out of fifty patients noted by Salvatori. That has never come within my experience; but the unnatural craving, or hungry dyspepsia, has been incessantly noted by me as an evidence of what is called congestion of the liver, and a forerunner of gouty and rheumatic attacks, and of those disorders which lead to headache and vomiting, and are vulgarly called bilious sick headaches. I attended for some years a girl who had about once a year an attack of rheumatism. Her heart was damaged, and she had mitral regurgitation. She learned by experience to know when her illness was coming on, for she had two premonitory symptoms: one, an eruption of patches of erythema on her elbows; the other, a most intense craving for food, and especially for drink. She would go down into the kitchen at night, and eat and drink everything she could lay hands on, particularly beer; and yet at other times her appetite was very indifferent. After the hunger and the erythema came pain in the ankles; then pain in the region of the heart, consolidation of the upper lobe of the right lung, and hæmoptysis. The significance of these facts in explaining periodic intoxication will be noticed hereafter.

This ravenous sense of hunger is remarkably common after circumstances which create great nervous exhaustion. I have known it after confinements. On one occasion a patient suffered a protracted confinement, and a milk abscess afterwards, and was brought into a state of nervous exhaustion. She was sleepless and irritable, but the chief symptom was the extraordinary demand for food, wine, stimulants, and opiates, and the tolerance of enormous quantities. Not an hour passed without beef-tea, wine, sandwiches, panada, or some other most concentrated nourishment, and a remonstrance was addressed to me by the family, lest I should be laying the foundation of intemperate habits. Her entreaties for the strongest opiates were curious. I have seen the same thing after surgical operations and accidents, and have known habits of intemperance to ensue from gratifying the inordinate sense of hunger attending the growth of a prodigious fibro-plastic (or sero-cystic) tumour of the breast. Grief may be attended with the same feelings, as I shall relate in order. What I want to insist on now is, that this feeling of emptiness is not mere debility, a physical result of loss of blood, or famine, for it may exist when the stomach is full; neither is it a healthy appetite intensified; but that it is a disordered sensation, a subjective hunger felt when there is no real emptiness; a neuralgia, in which the pain takes the shape of hunger, and is usually attended likewise by some degree of vertigo, or sense of cerebral faintness.

The tendency to such feelings is vastly increased by past habits of voracity and intemperance, and by everything which tends to make the stomach large. The voluminous and atonic bowels of women who have not been well bandaged after their confinements, are, to my knowledge, sources of danger on this score; for a big belly, like too large a house, must be furnished somehow.

So much for the stomach. As for the heart, it is often implicated in the conditions which give rise to intemperance, as well as in those after effects which are produced by long indulgence. But I do not think the heart is often primarily to blame.

Nevertheless, patients with hypochondriac symptoms often complain of their hearts, as for example in that set of symptoms which may be called "idiopathic terror." A poor woman is sitting quietly, when all at once an indescribable feeling of shock comes over her; something seems to flash through her brain which fills her with the most intense alarm; all the symptoms are identical with those of sudden fright, and amongst them are the pale face, the panting distended alæ of the nostrils, and the rapid tumultuous beating of the heart. In this, as in many other disordered states of the nervous system, the heart is intensely perturbed; but I have never satisfied myself that any primary disorder of the heart creates hypochondriasis, or the desire for

drink. Both stomach and heart do so, only if they disturb the brain.

There are certain general states of bad health which create the tendency to drink, if it so happen that they affect the nutrition of the brain. It is an ultimate fact that in some states of intense debility the mind may be clear, vigorous, and cheerful. Persons dying of lingering disorders sometimes have fits of syncope, which seem as if they were going to end fatally, but pass off, and allow life to go on a little longer. Dying persons have told me their sensations. A friend of mine who died after a very lingering illness told me a day or two before his death, that he had had a fit of faintness that morning; he had lost all consciousness of outward objects, but preserved his mind clear and calm, expecting every moment to be summoned into the presence of his Judge. He desired to die; and great was his disappointment when he found himself again becoming cognizant of the too familiar objects in his chamber. Life was here flickering at the lowest ebb, yet not a trace of mental depression. In other cases, on the contrary, the slightest deviation from vigorous nutrition induces great mental disturbance. Pain alone seldom does so, although neuralgia and chronic rheumatism sometimes create a demand for stimulants, through the exhaustion attendant on pain, sleeplessness, and hopelessness. But as for debility with mental depression, it is almost impossible to over-estimate its dangers. The miseries of the first walk during convalescence, or of the first entry into business, of being obliged to stand, and maintain an attitude of attention, when feeble and listless, are greater than those of any pain. Then there are the disastrous effects of bodily weakness on the mind; the peevishness and bad temper, the habits of procrastination, the shifty, deceitful tricks, and the false excuses coined to palliate want of punctuality. Weakness is more immoral than poverty itself. Add to this what is called *nervousness*, a kind of moral cowardice, and dread of seeing any new face, or beginning any new business. Consider besides that many diseases, especially of the malarious kind, not only rob the body of its strength, but leave the blood in a poisoned state, so that the hypochondriasis resulting from impure blood is superadded to the mental feebleness arising from bodily exhaustion.

In relation to this part of the subject it may be asked, What influence has the administration of wine in sickness in creating a morbid taste for drink during convalescence? For some years I have made it my duty to institute careful inquiries on this point, especially as to the fate of patients who have been rescued from fevers by enormous quantities of wine and brandy. My inquiries have led me to two positive conclusions. That any amount of wine may be given during an illness without leaving the slightest craving for it afterwards; that patients who greedily swallow it when ill, lose their taste for it when it becomes needless; and if they be vigorously treated and vigorously followed up, so as to be restored to good health, they are safe. But when patients are not treated vigorously, when they are left half-cured, when they are obliged to return to their work before their strength is fit for it, and then when some demon comes in the shape of a friend who recommends gin or beer without food, there is great danger that a habit of drinking may be created.

It is the common slander of the teetotallers that we make people drunkards by recommending them wine or beer when ill or weak. Again, there are few women tipplers who do not say they were advised to drink by their medical attendants. It is certain, therefore, that practitioners cannot be too cautious in defining the exact quantity of any alcoholic drink they may prescribe, and the exact times, and the food that should be taken with it—and this more especially in illnesses of a chronic and debilitating sort, as menorrhagia, abortion, and, above all, diseases arising from malaria, as ague and neuralgia, than which none make greater havoc of mind and body.—*Med. Times and Gazette*, Jan. 11, 1862.

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Clinical Lecture on two Cases of Typhus Fever.—Delivered at the Metropolitan Free Hospital. By GEORGE JOHNSON, M. D.

GENTLEMEN: I purpose on the present occasion to direct your attention to two cases of typhus fever which have recently been under my care in No. 4 Ward. Both cases, as we shall see, present some features of unusual interest, and I wish to bring these before you with as much distinctness as I can without dwelling with tedious minuteness upon unnecessary details. The following is an abstract of the

history of the first case as recorded by my clinical clerk, Mr. Wiley.

Case 1. *Typhus Fever in a Man, Thirty-five Years of age, who for several Weeks had been Subsisting on a very scanty Diet—The Fever complicated with Albuminuria and Uræmia—Complete Recovery.*

C. L, aged 35, a writer by occupation, was admitted into No. 4 Ward on December 10. He states that his habits have been moderately temperate, and that he has had no previous illness. During the last two months he has been out of work and his diet has consequently been very scanty, with little or no animal food. He has been losing flesh and strength, and has gradually felt more and more ill, his memory has become impaired, and he has had a crushing pain in his head. It should be noted that in consequence of the impaired state of his intellectual faculties at the time of his admission, he was unable to give a clear and connected history of the origin and progress of his illness. When admitted, December 10, the general appearance of the patient was that of one suffering from continued fever—there was a look of oppression in the face, a peculiar slowness, hesitation, and indistinctness in his speech, there was, however, no delirium. The pupils were natural. The tongue was dry and the lips and teeth were covered with sordes. The pulse 98, feeble. Heart and lung sounds normal, except a slight rhonchus on the right side behind. There was no cough. The bowels were constipated. The urine was rather high-coloured, acid, sp. gr. 1016, and contained one-fifth of albumen. On standing it deposited a cloudy sediment in which were found numerous tube-casts entangling pus. There were some petechial spots on the legs, and on the chest and abdomen an indistinct rash which excited a suspicion that the disease might be typhus, but as there had been no case of typhus in the hospital for a period of four or five years, and as the rash, which at the time of his admission was not sufficiently characteristic to warrant a confident diagnosis, had entirely disappeared after two or three days, the opinion which I formed and expressed to you at the time was that the case was one of acute inflammatory Bright's disease with uræmia, but without dropsy. I have met with several instances of uræmia connected in some cases with acute and in others with chronic Bright's disease, the symptoms of which have so much resembled those of continued fever, either typhus or typhoid, that they have actually been mistaken for cases of fever. I shall presently state to you my reason for the belief that, contrary to the opinion which I originally formed, the renal symptoms, in the case now under consideration, were in reality a secondary result of the typhus poison. I will first, however, complete the history of the patient during his stay in the hospital. He was first ordered to have a Seidlitz powder and to take the following mixture: ℞ Sp. ammon. arom. ℥j, ether chloric ♏x, mist. scaiæ ℥j, aqua ad ℥j, 4tis hôris, brandy ℥vj in the twenty-four hours, and two oranges daily. To be dry-cupped on the loins every day. On the 14th, the following mixture was substituted for the ammonia: ℞ Quinæ sulphatis gr. j, acid phosphoric dil. ℥j, aqua ℥j ter die sum. His condition during the first five or six days remained much the same as on admission. On the 17th, it was noted that he was stronger. The dulness of intellect was much less marked, and the pulse had fallen to 74. The urine contained albumen one-sixth. On the 19th, he was stronger and much more intelligent and the albumen was reduced to one-tenth. On the 24th, he had continued to regain his intelligence, and there was a mere trace of albumen in the urine. On the 28th, there was no albumen; but again, on the 31st, a small quantity of albumen was found, and it did not finally disappear until after January 18. Before this, however, all his other symptoms had disappeared, and he was up and about the ward. On account of the coldness of the season we kept him in the hospital for some days after the urine had ceased to be albuminous, and he was at length discharged on January 25.

Before I make any further comment on this case let me give you a brief history of another which unhappily had a different termination. I shall condense the record which was kept by Messrs. Wood and Axford.

Case 2. *Typhus Fever caught while in the Hospital by a Man, Twenty-two Years of age, who was under Treatment for Acute Bright's Disease, and who occupied the next Bed to Case* 1—*Sudden and great Aggravation of all the Renal Symptoms—*

Death, preceded by Convulsions and Coma.

H. T., aged 22, a stone-mason, was admitted into No. 4 Ward on November 30, with general dropsy and albuminous urine, the result of acute Bright's disease, which appears to have been induced by exposure to cold about three weeks previously. The urine was at first scanty, contained a large amount of albumen (one-half), and microscopically was found to deposit oily and purulent casts. He was treated in the usual manner with the hot-air bath, a saline diaphoretic, consisting of liquor ammonia acetatis and vini ant. pot. tart., dry-cupping to the loins, and an occasional dose of compound jalap powder. He quickly began to improve: the urine became copious, as it invariably does when a case of acute Bright's disease is making satisfactory progress. The amount secreted in the twenty-four hours had increased from twenty-four ounces on December 3, to ninety-eight ounces on the 9th, and with this free secretion of urine there was a speedy decrease and disappearance of the dropsy. He was then (on Dec. 12) directed to take the following mixture: ℞ Tr. ferri mur. ♏xx, ammon. hydrochlor. gr. x, inf. quassiæ ℥j, ter die.

He continued to improve, and was allowed to be up and dressed. The amount of albumen varied somewhat from time to time, but on December 28 it was noticed to be one-seventh. At this time he was considered to be making good progress. On the 31st it was noted that he was not so well; he noticed that yesterday his urine became dark-coloured, as if from the presence of blood. In the evening headache and sickness came on, and these symptoms continue to-day.

On January 2 he was still seriously ill. There was pain in the head and in the loins, vomiting, and coated tongue. The urine was dark-coloured like porter, highly albuminous, and only thirty ounces were secreted in the twenty-four hours. Up to this time we supposed that the aggravation of the renal symptoms was simply a result of a chill which he might have got while he was up and going about the wards, and he was accordingly ordered to have a hot air bath. On January 4, the symptoms were worse, his tongue had become brown, and there was an indistinct rash on the chest. Two days afterwards this rash had become fully developed, it was unquestionably the mulberry-tinted, rubeoloid, typhus, rash, and it was thickly scattered over the chest and abdomen. The pulse had risen to 120. The bowels were relaxed; for this he had been ordered an enema of starch with tinct. opii ♏x, and to have brandy ℥vj. January 7.—He appeared somewhat better, the purging had ceased, but he vomited frequently, and no medicine, not even an effervescing draught, could be retained on the stomach. Omit medicine, continue the brandy and iced water. On the 8th the purging returned, and the opiate enema had to be repeated. On the 9th he was delirious, especially during the night. The urine had been passed with the stools, pulse 120. The typhus rash was still visible, though fading. He was sweating profusely. Brandy increased to twelve ounces. In the course of the evening of the 2d he had two epileptic seizures, then he remained in an unconscious state with his mouth open, the tongue brown and dry, the pupils much contracted. In this condition he continued until the afternoon of the 10th, when he had two more convulsive attacks, in the second of which he died.

On inspection twenty hours after death we found, as we had expected to find, that the kidneys were enlarged and much congested, one weighed 6¾ ounces, the other 7 ounces. The intestines were not ulcerated. The lungs were much congested. The brain was not examined.

Now, I have already told you that the precise nature of the disease in the case of C. L. had been somewhat doubtful. It was a question whether the disease was fever with renal complication, or whether the typhoid condition was a result of primary renal disease. The occurrence of the second case reflected back a light upon the first. No. 2, H. T., was in the bed next to No. 1, and as soon as it became apparent that H. T., after being a month in the hospital, had contracted typhus fever, it was pretty evident that the case of C. L. had also been one of typhus, and that from him the second patient had caught this infectious disease. The evidence upon this point is still further strengthened by the fact that about the same time that H. T. took the fever, the nurse who had attended upon the first patient fell ill with the same disease. She is now recovering, under the care of one of my colleagues. Here we have a good illustration of the very infectious

nature of typhus fever. The first case that is admitted into our large and well aired wards after an interval of years, quickly imparts the disease to another patient and to a nurse. Typhoid fever is infectious in a much less degree. It seldom happens that we have not one or more cases of this form of fever in our wards; yet it would be difficult to refer to a single instance in which typhoid fever has been communicated to a nurse or to another patient.

If the symptoms in the case of C. L. had been unequivocally those of typhus, I should probably have removed the man H. T. from the neigbouring bed to a distant part of the ward, and so perhaps I might have saved his life. I have long been convinced of the unusual risk incurred by those who, while suffering from Bright's disease, are brought within the influence of the morbid poison of typhus, or scarlatina, or erysipelas. It is a well-known fact that renal disease interferes with the elimination of such drugs as alcohol, opium, digitalis, and mercury, and so renders a patient liable to be injuriously affected by smaller doses of these agents than would act deleteriously upon a person whose excretory organs are healthy. It seems not unlikely from analogy that the system may sometimes be saved from the noxious effects of certain morbid poisons—that of typhus, or erysipelas, for instance—by the eliminative action of healthy kidneys; whereas, the same poison, impeded in its exit, in consequence of degeneration of these organs, would give rise to its usual specific effects; in other words, it is probable that a man with diseased kidneys is, *cæteris paribus*, more likely to contract typhus fever or erysipelas than another man whose kidneys are healthy. You see I am assuming the possibility of certain morbid poisons entering the system, and being again thrown out without giving rise to their ordinary specific phenomena; so that the excretory function of sound kidneys may ward off from their possessor an attack of fever to which, without such aid, he would have been liable. I wish you to distinctly understand that I put this only hypothetically. There is, however, another position in connection with this subject, which is neither hypothetical nor doubtful; it is this: that the pre-existence of any form of Bright's disease greatly aggravates the symptoms and increases the danger resulting from the acute specific diseases, such as typhus, typhoid, scarlatina, erysipelas. You saw how, in the second case which we have been considering, the renal symptoms were increased in gravity by the supervention of the fever; and you see the practical importance of preventing, as much as possible, the exposure of patients labouring under Bright's disease to the infection of typhus. It is with me a fixed rule never to allow a case of Bright's disease to occupy a bed near a patient who has an infectious fever. In the present instance the diagnosis was doubtful, and the rule, unfortunately, was not acted on. Let me remind you of the chief facts which made the diagnosis a matter of uncertainty. These are—1. The absence of delirium, which is so commonly present in typhus. 2. The indistinctness of the rash, which was clearly not that of typhoid fever, and only sufficient to excite a suspicion of typhus. 3. The non-occurrence of any case of typhus in the hospital for a long period.[1] 4. The evidence of an acute inflammatory disease of the kidney, such as appeared to account satisfactorily for the cerebral torpor and the typhoid condition of the patient. The case will, at any rate, serve as an illustration of the difficulty which sometimes attends the diagnosis between fever with renal complications and simple uræmia the result of Bright's disease.

Let me impress upon you the importance of a chemical and microscopical examination of the urine from time to time during the progress of typhus and typhoid fever. Renal congestion and inflammation, with albuminuria, are more frequently than is commonly supposed the cause of the early occurrence of drowsiness, and other formidable head symptoms in the course of these diseases. When, during an early stage of the fever, the urine becomes scanty and bloody or highly albuminous, there are three points of practical importance to which your attention should be directed. First. Give a guarded prognosis, for the complication is a serious one. Second. Give alcoholic stimulants more sparingly and cautiously than you do when the kidneys are unaffected, otherwise you may increase the renal congestion and with it the stupor and other

[1] Since this lecture was given (January 14) two other cases of typhus have been admitted under my care, and the disease is known to be extensively prevalent in London.

cerebral symptoms. Third. With a view to lessen the congestion of the kidneys, counter-irritate over the loins, either by poultices of one part mustard to two linseed, or, perhaps, better by dry cupping repeated daily, or twice a-day.

For the relief of this renal complication during the progress of fever, whether typhus or typhoid or scarlatina, it appears to me that the practice of packing in wet blankets, carefully and judiciously carried out, is admirably adapted. I have hitherto had but a limited experience of this plan of treatment, but the results in the hands of others have appeared to be so favourable that I have determined on giving so obviously rational a proceeding a fair trial.—*Med. Times and Gaz.*, March 1, 1862.

HOSPITAL NOTES AND GLEANINGS.

Extraction of a Musket-Ball after being lodged three years in the Thigh.—A case of unusual interest is at the present time in the wards of King's College Hospital—one of gun-shot injury received three years ago in India. The subject of it is a young officer, who, when serving in India during the suppression of the mutiny, was wounded with, it was supposed, an ordinary musket bullet. He had on a thin dress at the time, and a little flap was found where the aperture of entrance was observed. The wound was carefully examined at once, but no trace of a bullet could be discovered. It healed kindly enough, until it terminated in the formation of a sinus. This latter had been carefully explored again and again by men of large experience; still the bullet was never found. A few days before his admission the sinus was examined by Mr. Fergusson, but the bullet could not be detected, nor any other material substance. The thigh was examined in all directions, without any satisfactory result. The patient was seen also by Mr. Hulke (who has had some experience of gun-shot injuries in the Crimea), who found no trace of a foreign body. Mr. Fergusson thought he would at any rate examine the bottom of the sinus, and therefore resolved to open it, with the chance of discovering some aperture, which could not at present be done with a probe alone. Knowing that the patient would be far better attended to in an hospital than elsewhere, he advised him to become an in-patient.

A few days after his admission—viz., on the 25th January—chloroform was administered by Dr. Sansom in the operating theatre, when Mr. Fergusson commenced his operation. After laying open the sinus, which was situated on the outer side of the left thigh, at about its middle, he found nothing remarkable; but when his finger was at the bottom of it, he was conscious of some hardness which was not natural, and thought it might prove to be a small piece of the bullet. This hardness was at the lower end of the sinus, and as soon as a hard portion of the size of a pea was divided, the finger readily and at once entered into a new sinus, which the probe could not have been passed into before. He now felt something rough, and with difficulty reached it. This substance, seeming to the touch like a bit of lead, was situated close upon the shaft of the femur, and near the branches of the crural nerve. He divided the cellular tissue upon it, and was enabled to isolate and extract it. It proved to be a piece of bone, of the size of a small marble, and not in a necrosed condition. On its removal, Mr. Fergusson found that there was a sinus behind it, which passed still deeper inwards. On searching the thigh externally with the fingers, and using a probe with a little force in this new sinus, he became aware of the presence of some other body, and thought there might be a bullet near the pelvis, below the left obturator foramen. He now went to the opposite side of the limb altogether—namely, the inner and upper part of the thigh close to the perineum, where he made an incision with a scalpel, and fortunately came upon an object, which he isolated, and after some manipulation extracted with a pair of forceps. This proved to be a large musket bullet, much flattened and irregular in its shape, which had been lodged for three years in the thigh, whilst the fragment of bone was a splinter no doubt knocked off by it, and possibly from the pelvis.

If one could have been certain of its locality beforehand, Mr. Fergusson remarked, it might have been extracted at once. Collateral sinuses were here present to a large extent, and for three years efforts had been made to discover some induration indicative of the presence of a foreign body, but without success until the present moment. Whilst the operator's finger was in the second wound, it passed between the great

vessels of the thigh and the femur, a situation encompassed with extreme danger; and there seemed to be no doubt that the course of the bullet was through the space between the femoral vessels and the bone. He hoped that the case would do well without the occurrence of any inflammation or other drawback to prevent a good recovery, with the perfect use of the limb.

Feb. 1st. No untoward symptom has occurred since the extraction of the bullet; the two openings are freely suppurating, and the patient's general health is good.—*Lancet*, Feb. 8, 1862.

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Case of Epilepsy successfuly treated.—Amongst the great number of epileptic persons who attend the out-patient rooms of Dr. Brown-Séquard at the Hospital for the Paralyzed and Epileptic, nearly every form of the disease occurs, and singularly anomalous symptoms are observed. The seizure may have its precursory symptoms in contractions commencing in every muscle of the body. The fit was initiated in one boy, whom we saw there last week, by violent contractions of the abdominal muscles. Dr. Brown-Séquard referred to a similar case, in which the epilepsy was pointed out to him as probably due to an existing tenderness of the stomach. On examining this, it proved to be caused by considerable hypertrophy of the recti abdominis muscles, the physiological effect of increased action in their incessant spasmodic contractions. In other cases, the muscles of the bladder are first affected; and in a patient of Dr. Brown-Séquard so situated, the warning of the fit was given by a violent spasmodic contraction of the bladder two hours before the fit commenced. This was so violent that the urine was projected several feet from the body, and it was immediately followed by a deep and irresistible sleep. The muscles of the lower bowel have been suddenly affected in other cases, and here the motions are expelled with violence, and straining effort continues after the bowel is empty. In all these cases phenomena may be observed which seem to indicate the local and irregular disturbance of the circulation of the brain—irregular contractions of the arteries, causing congestion of one part and anæmia of another.

In the first case mentioned, and in many others, the greatest benefit has resulted from the use of belladonna and quinine, steadily pursued for many weeks. Belladonna is one of the remedies most effective in the treatment of simple epilepsy. It is, indeed, one of the few rational remedies for the disease. The other remedies most commonly useful in the practice of Dr. Brown-Séquard at this hospital are, the ammonio-sulphate of copper, the valerianate of atrophine, and the citrate of iron and strychnia. The last is a definite compound, containing the one-hundredth of a grain of strychnia to one grain of the salt.

Amongst the most protean cases are those due to the presence of worms in the intestinal canal. In these the very wide range of symptoms sometimes in itself forms a guide to the cause of the disease. The elimination of the worms does not, however, always suffice to effect a cure; the diseased habit of the nerves requires to be treated. In children, Dr. Brown-Séquard orders commonly salt-water injections, with purgatives, and subsequently belladonna and quinine. There are many cases on the books in which cure has followed.

In a remarkable case, now favourably progressing, the fit is preceded by waterbrash and the flow of saliva in the mouth. In another case, the patient is seized, without warning, with a sudden jumping of the limbs of the right side; these become fixed and contorted, and he stands statue-like in the street or elsewhere, with one side of the body immovably and singularly distorted, but without loss of consciousness. This patient has been greatly benefited by the use of belladonna and quinine.—*Lancet*, Feb. 8, 1861.

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Polypus of the Rectum.—Although Surgical writers have always regarded this disease as a rare one, modern Surgeons are now beginning to discover that such is not the case, and that examples are not infrequent among the out-patients of a Metropolitan Hospital.

Mr. Bryant informs us, as the result of his experience, that the disease is by far the most common in children, and in those under two years of age; and the chief symptom by which the presence of the growth may be recognized is bleeding from the bowel. In adults, this surgeon affirms that the affection is comparatively of rare occurrence, the experience of Guy's Hospital certainly well supporting this assertion.

We give the following case as one amongst the most recent which have taken place in Mr. Bryant's practice:—

Francis D., a boy aged 10 years, was brought by his mother to Mr. Bryant on January 10, for hemorrhage from the bowels. The bleeding had appeared at times for one year, but for the last three months it had been very constant and profuse; it came on, however, only when at stool. Upon making an examination with the finger, a polypus, the size of a large nut, was detached and hooked down, a ligature was applied to its pedicle, and on the third day the growth came off. No bleeding followed, and convalescence was speedily established. —*Med. Times and Gaz.*, Feb. 8, 1862.

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Femoral Hernia in Female Children.—The fact that inguinal hernia is found frequently in female children is now, Mr. Bryant says, sufficiently well recognized by most surgeons, but the rarity of femoral hernia in early life makes the record of any such instances a subject of much interest. On referring to the Report of the City of London Truss Society for 1860, we find that there is no case recorded of femoral hernia in a female under 15 years of age; and but three examples are given in which the rupture was stated to have commenced so early in life. Two instances have within the last two years come under the care of Mr. Bryant, of Guy's Hospital, the short notes of which we now publish:—

Case 1 was in the person of Maria S., aged 9 years; the hernia had existed on the right side for two years, having come down after violent jumping. It was the size of a walnut, and reducible.

Case 2 was in a female aged 12, also on the right side. It had existed but two weeks, and came down when lifting a weight. Relief was given in both by means of a truss.—*Med. Times and Gaz.*, Feb. 8, 1862.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Officers of the Philadelphia County Medical Society for 1862.—*President*, Dr. Alfred Stillé; *Vice-Presidents*, Dr. Henry Hartshorne, Dr. Joshua H. Worthington; *Recording Secretary*, Dr. Wm. B. Atkinson; *Assistant Recording Secretary*, Dr. A. H. Fish; *Corresponding Secretary*, Dr. James M. Corse; *Treasurer*, Dr. A. Nebinger; *Censor*, Dr. George Hamilton.

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University of Pennsylvania.—The number of matriculants during the session 1861–62, was 309. At the annual commencement held on the 13th of March the degree of M. D. was conferred on 91 candidates.

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Jefferson Medical College.—The number of matriculates during the session 1861–62, was 238. At the annual commencement held on the 8th of March the degree of M. D. was conferred on 77 of the candidates.

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Massachusetts Medical College, Boston.—The number of matriculants, during the session 1861–62, was 204. At the commencement, on the 12th of March, the degree of M. D. was conferred on 51 candidates.

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Medical Department of the University of the City of New York.—At the annual commencement last month, the degree of M. D. was conferred on 65 of the class.

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New York Medical College.—At the annual commencement, on the 4th of March, the degree of M. D. was conferred on 11 candidates.

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Albany Medical College, New York.—The number of matriculants at the recent session of this school was 68; at its close, the degree of M. D. was conferred on 21 candidates.

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University of Buffalo.—At the commencement of the Medical Department of this university on the 25th of Feb. 1862, the degree of M. D. was conferred on 28 of the class.

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Medical Department of Lind University.—At a commencement held on the 4th of March, the degree of M. D. was conferred on 16 candidates.

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Obituary Record.—Died in camp, near Budd's Ferry, Md., Feb. 11, 1862, of acute pericarditis, Luther V. Bell, M. D., Brigade-Surgeon and Medical Director on Gen. Hooker's staff, in the 56th year of his age. Dr. Bell was for many years superintendent of the McLean Lunatic Asylum, Mass., in

which position he established a high and wide-spread reputation. He was, at one time, President of the Massachusetts State Medical Society, and was extensively known and greatly esteemed for his professional knowledge and private virtues. The State and the profession have sustained in his death a loss not to be repaired.

—— Feb. 20th, at Columbia, Adair Co., Ky., of typhoid fever, Dr. ETHELBERT L. DUDLEY, Col. of the 21st Reg. Kentucky Volunteers.

Dr. Dudley was the successor to his uncle, Dr. Benj. W. Dudley, in the Surgical Chair, in Transylvania University, and had achieved a high fame as a surgeon, while he was generally beloved for his kindness, benevolence, and chivalric character. By his death the profession and the public have sustained a severe loss.

FOREIGN INTELLIGENCE.

Death from Chloroform.—Mr. G. TURNLEY reports (*Lancet*, Feb. 22, 1862) the following case of death from the inhalation of chloroform which occurred at the General Hospital at Hobart Town, Dec. 13, 1861.

"The patient, a fine muscular man, thirty-five years of age, was put under the influence of chloroform for the purpose of having the left testes removed, that gland being the seat of malignant disease. The anæsthetic was administered in the usual way, and great care was taken to insure a proper admixture of atmospheric air. Nothing peculiar occurred during the inhalation; the breathing was remarkably quiet and regular; there was no turgescence of the superficial vessels of the head or face; and in about four minutes from the commencement of inhalation the patient was fully under the influence of the drug. At the moment that soporose breathing commenced the pulse became feeble, and the chloroform was immediately withdrawn; the pulse, however, rapidly failed, and in twenty seconds ceased to beat. The ear applied over the præcordial region could not detect the slightest action of the heart. During this period respiration continued regular, and after the entire cessation of the heart's action the patient made eight or ten regular inspirations and expirations, two or three irregular ones, and respiration ceased. Cold water was dashed on the face, fresh air admitted to the apartment, and the Marshall Hall ready method at once resorted to; ammonia was applied to the nostrils, friction to the extremities, and a galvanic current passed from the spine, through the thorax, to the diaphragm. All these measures were applied without delay, and unremittingly persevered in for nearly an hour, but without success.

On post-mortem examination, no trace of organic disease could be detected; the blood was fluid, and the organs generally congested. At the moment that the heart ceased to beat the ventricles were in a state of dilatation; the valves were perfectly healthy; and the muscular tissue of the organ did not exhibit the slightest trace of fatty degeneration.

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Prevalent Epidemic Fever in London.—An insight into the prevalent epidemic of fever which has existed recently in London, and which is now giving place to an epidemic of diphtheria, may be found in the report of the statistics of the London Fever Hospital, to which many of the poorer class of patients are conveyed when attacked. It may be observed, however, that a large number of cases have occurred amongst the upper classes of society. Dr. Farr's reports give only the number of deaths. It is greatly to be regretted that we have not now in London sickness returns such as are published regularly in Salford. It is in these returns that the note of warning is struck; and the first cases of sickness give indications of a coming epidemic, which are comparable to the warnings of a tempest which Admiral Fitzroy finds in the falling mercury and veering vane of his storm barometers. At the International Congress held last season in London, a resolution moved by Mr. Ernest Hart was affirmed, calling upon the Government to provide funds for the publication of sickness returns for the metropolis. The expenditure needful is quite insignificant. In the body of metropolitan medical officers exists a band of men able and anxious to co-operate in supplying this information. It has been proved to be both practicable and in the highest degree important. We believe that Dr. Farr and Mr. Simon entirely approve of such a publication, and would aid it in every way. At such a moment as the present these reports would have the highest importance; but they could never cease to be valuable.

The report of the Fever Hospital gives us information of interest. This week, at

the annual meeting, Dr. Murchison, the senior physician of the hospital, read a document which stated that the number in the hospital on the 31st December, 1860, was 17; and those admitted during the year 1861 were 646; making a total of 663. Of these, 475 were discharged cured; 7 were relieved or sent to other hospitals; 117 died; and 64 were left under treatment at the end of the year. The total number of patients admitted since the opening of the hospital in 1802 was 32,250. During the past year the number of admissions had been greater than in any of the three preceding years, and had exceeded by 255 those of 1860. Of the total admissions, 473 were examples of fever in the strict sense of the term: of these, 86 were cases of typhus; 161, typhoid; 49, simple fever or febricula; 173, scarlet fever; and 4, measles. The number of typhus admissions, 1062 in the year 1856, had diminished in 1858 to 15, and in 1860 did not exceed 25. There was a considerable increase in the number of admissions for typhus in the spring succeeding the severe winter of 1860-61; but the disease could scarcely be considered to have become epidemic until the middle of December. From that time it had rapidly spread, so that in January, 1862, the number of admissions for typhus had almost equalled that of any period of the hospital history, amounting to 140. The committee had procured a carriage for the conveyance of patients, thereby avoiding the reprehensible practice of hiring street-cabs; but they required funds to maintain it in efficiency.—*Lancet*, Feb. 22, 1862.

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Charcoal Ventilators for Sewers.—A rather important Report on the results of applying Charcoal to the Sewer Ventilators, in order to deodorize the fumes arising from them, has been made to the city of London Commissioners of Sewers by Dr. Letheby and Mr. Haywood. We need not tell our readers that there are miles of sewers under the London streets, and that the vapours arising from their decomposing contents, aggravated in too many cases by the bad condition of the sewers, which allows stagnation and decay, must be permitted to escape into the open air. Otherwise they would pass into private houses even more pertinaciously than they do at present, and would suffocate the unhappy sewer-man. The ventilating apertures permitting the escape of these gases are very numerous, and in some situations they give issue to a quantity sufficient to be a serious nuisance to the neighbouring houses. They form a constant, and we fear increasing, element in that which constitutes the difference between town air and country air. The absorbing and oxidizing properties of charcoal, which had been much experimented on by Dr. Stenhouse, have caused it to be tried for the purpose of destroying these gases; "for," said Dr. Letheby three years ago, "let the gases go out of the sewers how they will, and where they will, you have but to place a small box containing a few pennyworths of charcoal in the course of the draught, and the purification of the air will be complete." In order to test the virtues of charcoal fairly, a space of fifty-nine acres in the eastern part of the city of London, near the minories, was selected. It has 1700 houses, 14,000 inhabitants, the sewers have but a slight fall and are sluggish, and the streets are narrow, so that any emanations are doubly dangerous.

"The total length of sewers in the district is 25,587 feet; of which 2081 feet are pipes, and the remainder are constructed of brick, varying from 3 feet high by 2 feet wide to 5 feet high by 3 feet wide, internal dimensions."

Air filters, consisting each of a set of six trays filled with 6½ lbs. of wood charcoal broken into pieces the size of a filbert, were affixed to each of the ventilators on July 14, 1860, and have been in operation ever since with results which the reporter describe thus:—

"First. The deodorizing power of the charcoal has been satisfactorily proved to be complete. Not only have there been no complaints from the public of stenches from the ventilating gratings, but we have ascertained by actual observation that the odour of the sewer gases is not perceptible when they have traversed the charcoal." The charcoal employed is proved to contain abundance of alkaline nitrate, and peculiar alkaline salts and volatile bodies which may be described as the essence of stench. Secondly, the duration of the powers of the charcoal is uncertain, but if exposed to wet it requires to be changed frequently. Thirdly, and this is a point we desire to call attention to, it is evident that these charcoal filters may hinder the escape of effluvia, not by deodorizing the currents of air which pass through them, but by hindering those currents from ascending; and in this case,

although they may remedy one nuisance, and the charcoal may absorb some ill-smelling bodies, yet they do not really answer the purpose of ventilation. And the reporters show that they have been unable to detect "any perceptible currents of air through the ventilators fitted up with charcoal sieves. They allow of diffusion, but cannot be proved to allow of currents. There is no evidence that the air within the sewers was worse than before, or that the ventilators caused more sewer gas to enter private dwellings, but *there is no evidence that these air filters act as ventilators.* Fourthly, the cost. The prime cost of the 104 ventilators fitted up within the aforesaid district was £918 18s. 5d., with a further annual charge of £131 5s. 4d., or £1 5s. 3d. each, for repairs and management. Considering the thousands of ventilating shafts in London, the expense becomes a very serious matter. Would it not be better to expend the money in improved construction, so as to hurry on the sewer stream, and diminish the evolution of gases, and to avoid these most expensive palliatives, for such they are?—*Ibid.*

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Microscopic Photography.—At a late meeting of the Physico-Medical Society of Erlangen, Prof. GERLACH, well known for his excellent microscopic preparations and injections, showed a great many photographs of microscopic objects, which he had taken in order that the objects might be more strongly magnified than is possible in the ordinary way.

This gentleman is of opinion that as long as microscopic examination shows that the precipitate of silver has not yet been changed into single globules, photographs may be considered as correct objects for magnifying purposes. He employs, for the original object, a microscope of Oberhäuser's (200 to 300), and afterwards, by means of a simple and very ingenious apparatus, magnifies it at a rate varying from 1000 to 1500, or even more, if necessary.

The formation of the precipitate of silver is greatly retarded if a diluted solution is employed; and thus the negatives although they become less distinct, are, on the other hand, rendered more suitable for magnifying purposes.

Amongst the objects thus represented, the most striking were blood globules; a millimetre divided into a hundred parts; scales of the wings of Hipparchia janira, Linn., in which, with a magnification of 1500, the transverse stripes were distinctly visible, and appeared separated by rather wide intervals; also transversely striped muscular fibres of Rana temporaria, etc. Professor Gerlach is just now preparing for publication a work which is to appear under the title, "Photography as an Auxiliary Means of Microscopic Investigation," and which will contain full particulars of the method employed by him, and also plates showing his micro-photographic preparations.—*Ibid.*

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Operation for Vesico-vaginal Fistula.—[Dr. J. MATTHEWS DUNCAN, lecturer on midwifery, etc., in an article on this operation (*Edinburgh Medical Journal*, Dec. 1861), pays the following merited and generous encomium on the improvement made in the treatment of that loathsome affection, vesico-vaginal fistula by our countryman, Dr. J. Marion Sims.]

"The greatest improvement made in recent times in the treatment of the diseases of women is the introduction of a method of cure of ordinary vesico-vaginal fistulæ. This loathsome affection, in proportion as it was once the opprobrium of surgery, is now a source of glory to it.

"The labours of surgeons to discover a trustworthy method of cure had been incessant, and in some rare cases more or less complete success in closing the fistulæ had been attained. But so discouraging were the general results, that only a few ardent operators persevered in attempting to relieve such cases, and most surgeons regarded them as beyond the reach of their art. The operations practised were rarely successful, and occasionally proved fatal.

"It is not my object at present to enter into the history of operations for vesico-vaginal fistula, and to award to the diligence or ability of operators the proper meed of praise. Most of them seem to have attained to almost as good a plan of operating as that now in use, and their numerous changes were evidently made with a view to the avoidance of numerous failures. They did not succeed in discovering the secret of failure and the secret of success.

"It was reserved to Dr. Marion Sims, now of New York, to make this great discovery, which will ever remain a lasting monument to his diligence and success.

Without this discovery all other improvements of the operation are vain; with it, all other improvements are trivial. Like most great discoveries, it is an extremely simple matter when told, consisting in the use of silver or metallic ligatures to unite the pared edges of the fistula, instead of silk or of any other kind. Metallic ligatures had been often used in surgery before the time of Dr. Sims, and it was known that the tissues resented the presence in them of foreign metallic substances much less than of other foreign material such as silk. Metallic ligatures had indeed been used even in this operation long before they were proposed by Dr. Sims; but no one had discovered their essential importance in the operation for vesico-vaginal fistula. They were, indeed, not used by the most ardent operators, and women remained uncured till Dr. Marion Sims showed the way.

"It is very pleasant to recall the excitement produced in our medical circles by the sudden appearance of Dr. Sims' pamphlet, entitled *Silver Sutures in Surgery*, in which he announced to the world his previously little-known methods. The tone of it was not humble, but like that of an ancient prophet declaring glorious and incontrovertible news. Immediately, cases of vesico-vaginal fistula were ferreted out from their painful and hopeless retirement, and immediately they were, in a great many instances, cured. The discovery was found to be real, and speedily available for grievously suffering womanhood. From my own experience, I can testify to the facility of effecting the cure, even when I had never been fortunate enough previously to see the operation done.

"Since the announcement of the value of silver sutures, numerous surgeons have, with an almost morbid ingenuity, attempted to improve an operation already reduced to great simplicity. It is not to be supposed that this arose from jealousy of Dr. Sims' great fame, but it was certainly in some cases accompanied by it; and the evasiveness of some authors regarding the great and high claims of Dr. Sims, leave them in the awkward alternative of either being foolishly blind to his merits, or desirous of vainly magnifying their own. Dr. Sims' simple operation was too simple for the improvers, and complications or steps in a backward direction have been attempted by the original or revived proposal of buttons, splints, curious knives, iron wire, hollow needles, twisters of the wires, etc. etc. While these improvements are already falling into merited oblivion, it would be going too far to deny that, in some cases, occasional advantage might be found from some of them. But while even this is doubtful, if ordinary and curable cases are held in view, it must be remembered that, when there is great destruction or disappearance of the vesico-vaginal septum, and great development of cicatricial tissue, difficulties may arise for which special instruments may be adapted. As a rule, however, even in them, the simplest instruments are the most serviceable."

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Unjust Verdict against a Physician.—[We extract the following statement from a late No. (Feb. 15, 1862) of the *Medical Times and Gazette*]. A printed statement has lately reached us respecting a case tried at Sydney in February, 1856, which, if the account given is to be relied on, demands notice. Although of some interest in a medico-legal point of view, we should not, after so great a lapse of time, have thought it necessary to call our readers' attention to the subject, were it not for the apparent injustice of the verdict. We can hardly believe that the sentence is still unrepealed, but such was the case in February last. Information has reached us that a suspicion existed that the prisoner had been implicated in a questionable manner in some practices relating to life assurance, and on this account a strong feeling is said to have been entertained against him. The charge, however, was that he had criminally attempted to procure abortion. On this he was tried, found guilty, and sentenced to hard labour on the roads for a period of ten years. The circumstances, as we have received them, were these: Dr. F. Beer, possessing a medical diploma from the University of Zurich, was called, on February 10, to attend a Mrs. Brown, who was at the time pregnant. He found her suffering from spurious labour pains and considerable irritation of the rectum, which he attributed to the existence of a stricture.

He prescribed for her a course of suppositories, each containing five grains of the extract of belladonna. It does not appear how many of these suppositories were administered; but on the 19th of the same

month criminal proceedings were instituted against Dr. Beer on the ground of his having prescribed the suppositories of belladonna with a view to procure abortion. Upon this charge the jury found a verdict of guilty. The evidence in support of the accusation on the part of the patient was transparently absurd, whilst that advanced by the professional men who were examined was, to say the least, extraordinary. One of the medical witnesses asserted that belladonna was "just such a medicine as would have produced abortion." Another said that "it would have a greater action on the child than on the mother," and a third favoured the jury with a disquisition on the *modus operandi* of the drug to this effect: "The first effect by belladonna was by absorption. The second effect was on the nerves, producing contraction; she (Mrs. Brown) described her symptoms as first feeling heaviness and afterwards contraction of the womb. The third effect was on the mucous membrane of the stomach. In a low circulation it would absorb slowly. In a case of pregnancy it would take half an hour." On what toxicological authorities these gentlemen founded their opinion as to the effects of belladonna on the gravid uterus we are not informed. The propriety of the treatment was not the question. The dose, although undoubtedly larger than is usually given in England, was not larger than has been sanctioned by some writers of reputation. Its activity would, of course, depend on the preparation of the extract, and we can quite believe that the chemist who dispensed the prescription spoke the truth when he affirmed that he had frequently made up similar prescriptions for Dr. Beer, and had never heard of bad consequences. Nor in this case did any arise, for the evidence of the woman did not relate a single pathognomonic symptom of poisoning by belladonna; her child was born alive and lived six weeks, and she herself a year afterwards was alive and well. The circumstances of the case were laid before Sir Benjamin Brodie, who, in a letter appended to the Report, remarks: "I cannot have the smallest hesitation in saying that both the charge and verdict are utterly absurd. I can understand that Dr. Beer might have prescribed belladonna with a view to prevent premature labour, but I cannot suppose that either he or any one else should dream of prescribing it for the purpose of procuring abortion." Yet, on this charge and verdict a Swiss physician in a British Colony was sentenced to ten years' punishment. The whole account, supposing always that the version which has reached us is a true one, gives an unedifying picture of the state of Forensic Medicine in Sydney in the year 1856.—*Ibid.*

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Growth of Cinchona in India.—Dr. Anderson has returned to Calcutta from his mission to Java, with the large number of 412 cinchona plants of three species, and with half a million of seeds. The cultivation of the cinchona in Java, which began with 139 trees in 1855, has hitherto been most successful, but the Dutch do not possess many specimens of the variety whose bark yields the largest proportion of quinine. Dr. Anderson was enabled to supply them with some of the best specimens in return for their liberality and courtesy. Of one species the Dutch have now no less than a million of plants, and of two or three others they possess several thousands. In June, 1857, the whole number they had was only three hundred, so rapidly have they propagated themselves. The well-known German naturalist, Dr. Junghuhn, is in charge of the plantations, and he was recently joined by Dr. de Vry, a chemist not unknown in England to the members of the British Association. The report of the first of these gentlemen, now before us, details, with a scientific prolixity which we shall not inflict on our readers, the various steps of the experiment. Southwest of Tjibodas, 4,100 feet above the sea, in the very centre of Java, natural forests extend for miles, the soil consisting of loosely heaped blocks of trachytic lava. To this spot, under the shade of wide spreading branches, the plants which had withered in a more exposed locality, were transferred in October, 1857. Six months after, they began to die in their new habitation, and the cause was soon discovered in a small beetle of the "bostrichus" species, never before seen in the Java forests, which deposited its brood in the trunk. After many difficulties and experiments with soils and localities, the Malawar mountains have proved the best spot. The slightest differences of altitude, light, and temperature, affect the *calisaya* variety. The hardiest, though least valuable, is the *lucumaefolia*, but if the former be planted early in good,

loose, forest soil, and moderate shade, particularly in the region of from 5,000 to 5,700 feet above the sea, it grows up as tall and luxuriantly as any. Each capsule of each plant contains an average of twenty-five seeds. One *calisaya* yielded 485 capsules, and each good plant may be said to yield 1,300 seeds. Of 2,000 well developed seeds sown with care on cleared soil under the shade of trees, only one grows to a real plant; for the slightest touch, even of a drop of water, or a crawling worm, kills the root of the young germ. At first the plants grow slowly, but after two years they are two feet high, and then shoot up with great rapidity if raised from seed. The plants thus successfully introduced, an important question arises—Will they yield as much quinine as in their native home in Peru! To test this Dr. de Vry was sent to Java, and he records with no little triumph how, on 21st July, 1858, two and a half years after the first plants were introduced, he was enabled to produce a pure white crystallized quina alkaloid from the bark of one of those stems which the beetle had destroyed. Soon after he obtained from a *calisaya*, not five years old, the same percentage of quinine which the Bolivian trees yield, or 3.12. At the end of 1861, the experiment in Java, only six years old, has thus succeeded most completely. Many of the trees are now thirty feet high.

This is full of hope for India, where the plant is now being grown under exactly the same conditions. The total number of plants is 5,847, and more than half are of that red bark variety which is most valuable, the dry bark selling at from 2*s.* 6*d.* to 8*s.* 9*d.* per lb. Rich as are the forests of Bolivia, from which the world draws its sole supply at present, they will not last long. Formerly the trees were everywhere found around the inhabited parts of the region, but now to meet with one of a tolerable size it is necessary to penetrate several days' journey into the forest. What India is doing as a substitute for North America in rice and cotton, she must become for South America as an exporter of quina bark. We believe a nursery will be shortly established on the Khasia Hills. In less than ten years India should supply herself with all the quinine she needs. In a few more, sulphate of quinine as well as quina bark should bulk largely among her exports.—*Friend of India.*

Quackery a hundred years ago.—If our forefathers a hundred years ago could not boast of their mesmeric influences, or of table-turning, or of spirit-rapping, they were the victims of a marvellous list of quackeries of other descriptions, which were, perhaps, more injurious in their effects. It was literally the age of quack medicines, and every possible disease was fitted with its nostrum, all duly qualified by his Majesty's letters patent. There were "The Original Balsam of Health," otherwise called "The Balsam of Life," which is described as "the most admirable vulnerary in nature;" the "Golden Nervous Cordial, or Paralytic Drops," which was "the greatest preservative and restorer of health ever yet published," and had been "sent many years ago by her Catholic Majesty to King James the First's consort;" the "Famous Sugar-Plums for Worms;" the "Grand Elixir of Ease," which was a certain cure for the colic; and "The Much-famed Hypo Drops," which "infallibly cure melancholy in men or vapours in women." One "Doctor Toscano" declares himself able to find out and cure all diseases to which humanity is liable, adding, in conclusion, "I will forfeit one hundred guineas if anybody can prove to the contrary." Some of these medicines are put forward under the name of the celebrated Doctor John Hill, the great medical and literary quack of the age; such as "Essence of Water Dock," a safe remedy for scurvy; and the "Elixir of Baridana," which was infallible against gout and rheumatism. Those who needed the latter were encouraged by the information added to the advertisement, that "The baridana (burdock) is a common innocent British plant." Dr. Hill's "elixir" met with a rival in a medicine against the same diseases, by one Dr. Colley, who announced as "an effectual remedy," his "Antiarthritick Wine," supposing, perhaps, that the very name of wine was enough to cure a gouty patient. But all these inventions are thrown into the shade by the "Medicinal Arabian Quilt," wherein, we are told, "is infused salutary composition," consisting chiefly of "Eastern vegetables," and by "wrapping up in this quilt," sufferers under all sorts of diseases were to find quick relief. We learn from the same advertisement that "the author also has invented a medicinal paper cap, for the constant wear of those who are

vaporous, or subject to catch cold;" and of this it is further stated, "likewise it refreshes the memory of the studious, particularly those who apply constantly to their pen, and is so curiously contrived that gentlemen (*sic*) may constantly wear them under their wigs, or even ladies under their caps."—*Brit. Med. Journ.*, Jan. 11, from *London Review.*

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General Hospital of Vienna.—For the information of such of our readers as have not a distinct notion of the concentration of the sick at this hospital, we will just state that, according to the *Medicinische Wochenschrift* of Vienna (Jan. 11th, 1862), there were 2264 in-patients under treatment during the week ending January 9th. A very interesting feature of the medical journal just mentioned is a weakly account of the number of persons treated in the hospitals of Vienna, and also a report respecting the prevailing maladies. Besides the General Hospital, there is in Vienna an establishment of the same kind, called Wieden Hospital (933 patients); also a Military Infirmary (1119 patients), and an Hospital for Children (110 patients)—*Lancet*, Feb. 8, 1862.

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Military Assistant-Surgeons in the British Service.—At a recent meeting of the House of Commons, Colonel Sykes asked, whether, in the competitive examinations for thirty military surgeons which had been advertised, her Majesty's subjects in India, and coloured British subjects in Canada and the colonies, would be allowed to compete.

Sir G. C. Lewis said that the return moved for by the hon. gentleman last session contained an answer to the chief part of his question. It was not intended that the natives of India should compete for the appointment of assistant-surgeons. He hardly knew what the hon. member meant by "coloured British subjects in Canada," unless he meant to refer to the red men or to the free blacks, neither of whom were intended to be admitted under the advertisement referred to.—*Lancet*, Feb 22, 1862.

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University of Edinburgh.—The number of matriculants in the medical department the past session was 510, being 45 less than the previous session.

Life in the Glacial Seas.—From the investigations of the scientific expedition despatched by the Swedish Government, to investigate the physical geography of Spitzbergen, it appears that animal life is abundant in these glacial regions, at the great depth of 1250 fathoms.

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A Gigantic Saurian.—The discovery of the fossil bones of a new and gigantic saurian, in a cutting recently made for a railway line near Poligny, has just been announced by M. Bertherand. The animal must have been between 90 and 120 feet in length, and must have existed towards the end of the Triassic period.

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Obituary Record.—Died, at the advanced age of 89, M. Biot, the father of French *Savans.*

—— Died of Pleura Pneumonia on the 7th of Feb. 1862, M. P. Meniere, Physician to the Imperial Institution for the Deaf and Dumb at Paris.

—— recently, aged 70, M. Nigrier, Honorary Director of the Medical School at Angers, and author of various interesting memoirs.

—— Feb. 8, 1862, Geo. Rainy, late Lecturer on Midwifery and Diseases of Women and Children, King's College, Aberdeen.

—— recently, Baron Thevenot, at a very advanced age. Although he had long nearly disappeared from the scene, he formerly held high positions, having been surgeon to the Hospice des Enfants Trouvés, and to the Hotel Dieu, and also first surgeon in ordinary to Louis XVIII.

—— recently, at Brussels, of organic disease of the heart, Baron Seutin, Prof. at the Faculty of Medicine, member of the senate, and well known by his valuable inventions relative to starch bandages. He held the foremost rank among Belgian surgeons.

—— January 30th, 1862, aged 60, from injury received by the explosion of a Roman candle, Charles Waller, assistant physician accoucheur and lecturer on clinical midwifery to St. Thomas's Hospital, and author of a valuable memoir on Transfusion and other papers.

—— at Passy, near Paris, aged 84, very recently M. Bretonneau, of Tours, well known for his descriptions of those two diseases which he has named, "Dothinenterite" and "Diphtherie."